

<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	09/980,614
	Filing Date	April 17, 2002
	First Named Inventor	YI LI
	Art Unit	1615
	Examiner Name	Carlos A. Azpuru
	Attorney Docket Number	900163.401USPC

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners at Seed IP Law Group PLLC, Customer Number: **00500**

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number **00500**

OR

<input type="checkbox"/> Firm or Individual Name				
Address				
City		State		Zip
Country				
Telephone		Email		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

☒ As assignee of record of the entire interest I/we hereby elect, under 37 CFR 3.71,  
to prosecute the application to the exclusion of the inventor(s).

SIGNATURE of Applicant or Assignee of Record			
Signature	<i>Margot P. LaPointe</i>	Date	3-26-07
Name	Margot P. LaPointe		
Title and Company (Assignee)	Director of Research & Intellectual Property Officer		
	Henry Ford Health System		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
<input type="checkbox"/> *Total of _____ forms are submitted.			

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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